

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101568,602

FILING DATE

2-15-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9			e			
10				1		
11				1		
12			e			
13				1		
14			e			
15						
16						
17						
18						
19						
20			e			
21			1			
22				1		
23				1		
24				1		
25			e			
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34			e			
35						
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39			e			
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		21	←		←
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						